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Boarding Registration Form

Owner's Name: _____ Date of Check-In: _____
Pet's Name: _____ Expected Check-Out date: _____
Emergency Contact and Phone Number(s): _____
Date and Hospital where last vaccines were given: _____

Would you like any "extras" to pamper your pet today?: (additional fees apply for these services)

- Bath Medicated Bath Nail trim Anal Glands Expressed Tooth Brushing
 FURminator Brush out Ear Cleaning/Plucking Group Play (Resort) # of days _____

Is your pet on a special diet? Yes No

Name of the food: _____ Amount given: _____ Feeding schedule: _____

Did you bring any personal items for your pet (blanket, toys, treats, etc.)? Yes No

If so, please describe them: _____

If a room becomes available in our Pet Resort, would you like to upgrade? (add'l fees apply) Yes No

Are there any medications to be given to your pet while boarding? Yes No

Name of medication(s): _____
Amount given: _____ How often to give it: _____ Time of last dose: _____

Does your pet have any conditions the veterinarian needs to be alerted about? Yes No

If so, please explain the medical condition: _____

Terms of Boarding:

1. All pets must be current on all required vaccinations. For dogs, this includes distemper, adenovirus, parvovirus, kennel cough (bordetella), and rabies. For cats, this includes calicivirus, rhinotracheitis, panleukopenia, and rabies. If I cannot provide proof that my pet is current on all of these vaccinations, I authorize the doctor to administer the necessary vaccines at my expense.
2. If any external parasites are found on my pet at any point during their stay, I authorize the doctor to treat at my expense.
3. If the doctor is unable to reach me at the given numbers I authorize any treatment for my pet that the doctor considers necessary for his/her health and safety. I understand that I will be charged for all treatments performed.
4. If I am unable to pick up my pet on the expected check-out date I will inform the Hospital or Pet Resort of the check-out date as soon as possible.
5. I will not hold the Hospital responsible for inadvertent loss or damage of personal items left with my pet.

Payment is due when services are rendered.

For your convenience, we accept cash, check, American Express, MasterCard, Visa, Discover, and Care Credit.

Signature: _____

Date: _____